

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 15, 2016

Mr. Steven Doe, Manager
Our Lady Of The Meadows
1 Pinnacle Meadows
Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 23, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

MAR 14 2016

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2016
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF THE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation of an entity reported incident was completed by the Division of Licensing and Protection from 2/22/16 through 2/23/16. The following regulatory violations were identified.	R100		
R208 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to report a pattern of resident to resident abuse involving 2 of 9 residents in the sample (Residents #1 and #2). Findings include: 1. During record review on 2/23/16, Residents #1 and #2 were found to have had physical altercations with one another on 6/17/15, 7/25/15, and 12/4/15. Resident #1 was also found to have had altercations with other residents (less clearly identified) on 9/7/15, 10/2/15, and 11/9/15, and these were also not reported to the state agency. The incident of 6/17/15 was reported to the state agency. However, the incidents of 7/25/15, 9/7/15, 10/2/15, 11/9/15, and 12/4/15 [each	R208	(PLEASE SEE ATTACHED)	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] - STEVEN A. JOE - ADMINISTRATOR

3/11/16

STATE FORM

6899

O3C611

If continuation sheet 1 of 4

R208 - Rabb POC accepted 3/15/16 JHS/mrnl/pmc

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R208	Continued From page 1 involving Resident #1], representing a pattern of abusive behavior, were not reported to the state agency. Resident #2 had been admitted on 12/19/14 and had a known tendency to act aggressively toward others when provoked, and was care planned for this behavior. Resident #1 had recently been admitted on 5/27/15 and, as of the 6/17/15 incident, had not engaged in aggressive action. On 6/17/15, Resident #2 slapped Resident #1 spontaneously. Subsequently, both residents had written plans of care related to aggressive behavior; the above pattern of altercation was confirmed by the administrator as reportable during an interview on 2/23/16 at approximately 2:00 PM.	R208			
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to maintain a safe and homelike environment. In one case, the facility's boiler system was not inspected over a two year period. Additionally, two residents (Residents #1 and #2) were found to have a pattern of resident to resident altercation. Findings include: 1. During the environmental tour on 2/22/16, the inspection tags for the three boiler system were dated with an expiration on 8/16/14. At 10:40 AM on 2/22/16, the facility's operations manager	R266		(PLEASE SEE ATTACHED)	

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R266	Continued From page 2 confirmed that the expired tags represented the most recent boiler system inspection. 2. During record review on 2/23/16, Residents #1 and #2 were found to have had physical altercations with one another on 6/17/15, 7/25/15, and 12/4/15. Resident #1 was also found to have had altercations with other residents (less clearly identified) on 9/7/15, 10/2/15, and 11/9/15. Resident #2 had been admitted on 12/19/14 and had a known tendency to act aggressively toward others when provoked [a reported altercation 6/2/15], and was care planned for this behavior. Resident #1 had recently been admitted on 5/27/15 and, as of the 6/17/15 incident, had not engaged in aggressive action to residents. On 6/17/15, Resident #2 slapped Resident #1 spontaneously while they sat beside one another. Subsequently, both residents had written plans of care related to aggressive behavior; Resident #1 was known to wander and intrude into other residents' rooms. On 7/25/15 Resident #1 intruded into the room of Resident #2 and struck him/her. On 9/7/15 Resident #1 was recorded as being aggressive with another resident (unidentified). On 10/2/15 Resident #1 was documented as grabbing a resident (unclearly identified). On 11/9/15 Resident #1 was documented as having an altercation with another resident (unidentified). There were no apparent injuries resulting from the altercations, and notifications, as well as appropriate medical assessment and coordination were evident. There was no evidence to indicate regulatory concern with medication management and a robust activity program with non-pharmacological strategies is evident. Nonetheless, actions taken by the facility failed to prevent Resident #1 from accessing other residents in an aggressive and repetitive manner. The above pattern of	R266			

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R266	Continued From page 3 altercation was confirmed by the administrator during an interview on 2/23/16 at approximately 2:00 PM.	R266			

Our Lady Of The Meadows
Plan of Correction
Residential Care Home State Survey
February 23, 2016

R208

5.18

Action: Staff closely monitor Resident #1 and Resident #2 and redirect as necessary. Medication intervention per Physician's order is in place.

Measures:

Part A: Administrator and Nurse Manager revised the Abuse Prohibition Policy and Procedures to provide on-going protocol for Abuse Prevention (Please see Attachment 1). The Nurse Manager has reviewed the revised Abuse Prevention Policy with all Nursing Staff. The Nursing Staff has in turn, signed a statement verifying their understanding of the policy and the RN responsibilities regarding incidents involving resident-to-resident abuse (Please see Attachment 2.A, 2.B & 2.C). Additionally, the Nurse Manager has met with all staff responsible for medication administration to instruct them on their role in the revised Abuse Prohibition Policy and Procedures. Namely, to assist with notifying the Nursing Staff of any and all incidents involving resident-to-resident abuse that occur during all three shifts (Please see Attachment 1). The Medication Administration Staff has in turn, signed a statement verifying their understanding of the revised policy and their additional responsibilities regarding incidents involving resident-to-resident abuse (Please see Attachment 3.A,...3.H).

Part B: The Nursing Staff will review this new policy with all Direct Care Staff and Activity Staff to work collectively in maintaining an environment free from mental, verbal or physical abuse, neglect and exploitation.

Monitors: Administrator, Nurse Manager and entire Nursing Staff will monitor this practice to insure that this deficiency does not reoccur.

Date Completed:

Part A: 03/11/2016

Part B: 03/18/2016

Incident 1.

Actions: Jon Maloeuf of Hartford Steam Boiler has inspected the boiler system at Our Lady Of The Meadows on 3/10/16 and found no violations (Please see Attachment 4.A, 4.B and 4.C)

Measures: Biannual inspection has been placed on the calendar of the Hartford Steam Boiler inspector and on the calendar of the Facilities Engineer at Our Lady Of The Meadows

Monitors: The Facilities Engineer will insure that this deficiency will not reoccur.

Date Completed: 03/11/2016

Incident 2.

Action: Staff closely monitor Resident #1 and Resident #2 and redirect as necessary. Medication intervention per Physician's order is in place.

Measures:

Part A: Administrator and Nurse Manager revised the Abuse Prohibition Policy and Procedures to provide on-going protocol for Abuse Prevention (Please see Attachment 1). The Nurse Manager has reviewed the revised Abuse Prevention Policy with all Nursing Staff. The Nursing Staff has in turn, signed a statement verifying their understanding of the policy and the RN responsibilities regarding incidents involving resident-to-resident abuse (Please see Attachment 2.A, 2.B & 2.C). Additionally, the Nurse Manager has met with all staff responsible for medication administration to instruct them on their role in the revised Abuse Prohibition Policy and Procedures. Namely, to assist with notifying the Nursing Staff of any and all incidents involving resident-to-resident abuse that occur during all three shifts (Please see Attachment 1). The Medication Administration Staff has in turn, signed a statement verifying their understanding of the revised policy and their additional responsibilities regarding incidents involving resident-to-resident abuse (Please see Attachment 3.A,...3.H).

Part B: The Nursing Staff will review this new policy with all Direct Care Staff and Activity Staff to work collectively in maintaining an environment free from mental, verbal or physical abuse, neglect and exploitation.

Monitors: Administrator, Nurse Manager and entire Nursing Staff will monitor this practice to insure that this deficiency does not reoccur.

Date Completed:

Part A: 03/11/2016

Part B: 03/15/2016